Of this mixture a tablespoonful is given every half hour; and between each dose after the venous injection, a tablespoonful of brandy in a little hot water, until reaction be well established. Miss — took a pint and a half in this manner; the three others above half a pint. I consider it to be of the utmost moment to give these things regularly, and in these *small quantities*.

Occasionally the powder for the chalk mixture has been added to the above mixture in small doses. Occasionally the carb. ammoniæ in doses of five grains at a time.

CASES 6 & 7.—The two last on the list were patients of my friend and neighbour Mr. Stott. They had both been bled and treated with calomel and opium. Mr. Jones, my zealous pupil, saw one case. I saw the other. Both pulseless—both were rapidly sinking. Mrs. — was so roused by the operation as to call for her baby, four months old; she sat up in bed and suckled it. For several hours she continued well, but gradually sank again into collapse, and died twenty-four hours after the operation. This patient I did not see, as I happened to be from home when Mr. Stott called. I performed the operation in Mr. Stott's presence on Mrs. Moore. The patient rallied amazingly for a few hours, but she too sank again into collapse, and died ten hours after the operation. She too had the *rigor* I mention as following the injection in the other cases. It was not followed by the heat so apparently as in the others. These two cases not having occurred in my own practice, I have requested Mr. Stott's permission to publish. I do not consider that the unsuccessful issue of either of them militates in the smallest degree against the operation. I relate them that they may act as a warning to those who wish to give this treatment any chance of success, not to allow the collapse to go on too far.

Remarks.

On comparing these cases together, I wish to draw the attention of the profession to two or three important facts.

Three of these cases recovered without secondary fever. At least the reaction that took place for a few hours scarcely deserves the appellation.

The case in which secondary fever came on was bled with the most decided advantage. The blood had the indications of inflammation to a high degree. This patient, it will be observed, was in years. How far this circumstance had to do with the induction of the fever in a *weak constitution* must be proved by future experience.

In all of them there were indications, after the operation, of the system having re-

ceived a severe shock. In all more or less existed the rigor and the consequent heat. In those who recovered, this was most apparent.

Two of the unsuccessful had the *greatest* quantity of fluid injected. These two, however, were in a state different from the others; both had *taken opium*—both had been bled.

In three of the successful cases, no purgatives of any kind were administered; they were not required. The fluid used was of the nature and temperature adopted by Dr. Latta.

The apparatus was made on the spur of the moment. The brass nob of one end of my enema apparatus was cut off, and a silver blow-pipe introduced into the tube, airtight. All that is necessary to secure the instrument from having air in it, is to force the fluid several times through it before it is used. Care must be taken not to lift the nose of the syringe out of the fluid when once the operation is commenced. As phlebitis has occasionally followed the operation, it is of great importance to handle the vein as delicately as possible. The neatest way of performing the operation, is to use the saphena vein immediately above the inner ankle. The tract of the vein being remarked by the eye, let an assistant push the blood upwards in the vein, whilst the operator's left thumb is on the vein, and below where the operation is to be performed. Cut with the point of the lancet a slit less than the fourth of an inch along the course of the vein. One or two scratches more with the point of the lancet will cut through the cellular membrane and lay the vein bare; the smallest puncture now of the vein to admit the end of the tube is necessary. No blood has flowed, and the end of the apparatus, all ready for action, is readily introduced into the orifice by the right-hand of the operator.

Of the four successful cases I have already mentioned, no inconvenience arose except in Conolly's case, where a little hardness existed for two or three days, and this I attribute to my own *gaucherie*. I opened the median basilic, and was obliged to cut twice.

From all I have said, I trust many may feel inclined to give this remedy a fair trial. It is a practice whose *immediate* advantages are as decided as the extraction of the tooth in toothache, the administration of opium in delirium tremens, or the free use of the lancet in peritonitis or pneumonia. In the meanwhile, until we know more about it, let it be considered merely as a temporary stimulus which, used with propriety, at least *does no harm*.

August, 1832.

TREATMENT OF THE
MALIGNANT CHOLERA

AMONGST THE SOLDIERS OF THE
2ND BATTALION GRENADIER GUARDS.

By J. HARRISON, Esq., Surgeon 2nd Batt.
Grenadier Guards.

DIARRHŒA, with more or less of febrile excitement and gastric irritation, showed itself the latter end of April in the 2nd Battalion Grenadier Guards; from this period till the beginning of June, when the regiment embarked for England, twenty-seven cases were treated in hospital, three of which number were distinguished by the symptoms of malignant cholera at that time prevalent in Dublin, characterised by vomiting and purging of a fluid resembling rice-water; great prostration of strength; a small, weak pulse, or one not distinctly to be felt; extreme coldness and livid hue of the surface of the body; contracted countenance; the sunken, dull, suffused eye; cold moist tongue; the peculiar voice; the shrivelled skin so strikingly observed in the hands. These symptoms were generally preceded or accompanied by vertigo and pain in the head; a total cessation of the secretions, cramps, and spasms; great anxiety, restlessness, thirst, sense of oppression, and burning heat in the chest.

Since our arrival in England, and being quartered in the Tower of London, 31 cases have been admitted into hospital, ten of which number were returned as well-marked cases of cholera; in the whole, up to this period, thirteen.

The plan of treatment adopted was, in the first instance, to administer a mustard emetic, which usually produced some reaction. If it failed to do this, and the pulse continued to sink, three or four ounces of blood taken from the arm seemed to relieve the circulation. Ten grains of calomel, with one or two of camphor, and one of opium, were now given every hour till the fourth dose, or if the stomach was very irritable, two-grain pills were preferred every ten minutes to the same extent of quantity. Camphorated mercurial ointment, with a small quantity of oil of turpentine, was assiduously rubbed into the abdomen, insides of the thighs, legs, and arms; heated sand-bags were applied to the extremities and sides of the body; mustard poultices and blisters to the pit of the stomach to allay the continued irritability of this organ. But the great object to be obtained was getting the system as speedily as possible under the influence of mercury, for it was observed that the least tinge of bile in the evacuations was a sure indication of the

disease becoming subdued. Aperients were now given; rhubarb in peppermint water, or others of that class; cold, weak brandy-and-water given frequently in a tablespoon, to prevent a large quantity being taken at one time,—this for common drink; but when the thirst was very urgent, accompanied by that distressing sensation of burning heat in the chest, nothing appeared to be so grateful as iced water, or even a small lump of ice laid on the tongue.

Of these thirteen cases one proved fatal. In this instance the stage of collapse was fully formed when he was brought to the hospital, and although heat of the surface was partially renovated, re-action was never established. This man sank rapidly. Notwithstanding the large and repeated doses of calomel given (although not much of it might be retained), still the mercurial frictions were perseveringly continued, and chiefly depended upon, yet ptialism to any great degree was in no one instance induced. Every case, however, was more or less affected. This mercurial affection of the system seemed to shorten and render milder the consecutive fever.

If this practice is deemed successful, there is a consideration to be borne in mind, which is, that soldiers, from their regular habits of living, and being well fed and clothed, are not a class of people one would expect to be great sufferers from cholera; and, moreover, the medical officer has a very great advantage over the private practitioner in the opportunity of treating the disease before it is much advanced, and also having all his remedies at hand, and all the assistance he can desire in their administration.

The above relation is intended to convey a well-grounded belief in the efficacy of the mercurial plan of treatment in cholera, and more particularly the application of mercury in the form of inunction.

Tower, August 7, 1832.

LETTER FROM DR. ANDERSON.

To the Editor of THE LANCET.

SIR,—I feel it necessary to set myself right with the profession and the public, as to some remarks made in a letter from Mr. Robertson, surgeon of the *Cumberland*, Convict Ship, at Chatham, published in your last LANCET; from which it might be inferred that in a communication I made to the Central Board of Health, and printed without my knowledge in a preceding LANCET,* I had intentionally suppressed or mis-

* The letter of Dr. Anderson was forwarded to us from the Central Board of Health, with the impression, undoubtedly, that it was a public document, and adapted for insertion.—ED. L.